

MONTHLY OPERATING REPORT

CHAPTER II

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period Oct 1 to Oct 31, 2009.

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 11/16/09
(date)

Debtor(s)*: _____

By:** Michael P. LeLong

Position: PRESIDENT

Name of preparer: Chris Cooley

Telephone No. of Preparer 601-981-0070 ext 233

* both debtors must sign if a joint petition

** for corporate or partnership debtor

COMPARATIVE BALANCE SHEET

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

Filing Date	Month	Month	Month	Month	Month	Month
Date	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	Month
ASSETS:						
CURRENT ASSETS:						
Cash.....	570,988	616,550	513,396	406,712	417,188	611,481
Accounts Receivable, Net.....	960,787	801,350	773,450	807,823	754,398	333,169
Inventory, at lower of cost or market.....	365,452	372,870	402,769	400,478	0	0
Prepaid expenses & deposits.....	118,110	151,573	170,837	139,406	122,958	820,94
Other <u>Receivable from Sale of Assets</u>					954,185	954,185
TOTAL CURRENT ASSETS.....	2019,337	2002,363	1,860,452	1,754,419	2,249,179	1,980,929
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097	2386,097	2386,096	0	0
Less accumulated depreciation.....	2244,323	2253,093	2226,504	2226,974	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	133,064	124,593	116,352	0	0
OTHER ASSETS						
<u>Deposits</u>	48,192	541,93	56,762	56,762	56,726	56,726
TOTAL OTHER ASSETS.....						
TOTAL ASSETS.....	2109,298	2185,60	2,041,771	1,927,497	2305,905	2,037,655

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B
Page 1 of 2
1/08

* Adjustments from May 31 to June 9 are not available
 (A) Certain Assets of prevalence were sold effective 9/30/09. This amount represents the monies due the seller from the buyer at closing on 10/6/09

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month	Month	Month	Month	Month	Month
	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
POST-PETITION LIABILITIES:							
Taxes payable (Form 2-E, pg.1 of 3).....							
Accounts payable (Form 2-E, pg.1 of 3).....		94,609	90,953	108,112	132,641	109,293	
Other: <u>Accrued Payroll, Vacation</u>		135,461	105,736	97,255	240,575	19,119	
<u>Misc. Accruals</u>							
TOTAL POST-PETITION LIABILITIES:.....		230,070	196,689	205,367	373,216	128,412	
PRE-PETITION LIABILITIES:							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....	5,732,291	5,730,550	5,657,443	5,612,235	5,589,453		
Other.....							
TOTAL LIABILITIES.....	5,732,291	5,730,550	5,657,443	5,612,235	5,589,453		
EQUITY (DEFICIT)							
PREFERRED STOCK.....	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427	
Post filing date.....	4,187,499	4,244,166	4,294,217	4,382,447	4,382,447	4,382,447	
TOTAL EQUITY (NET WORTH).....	50,822,926	53,879,593	53,929,644	54,017,874	54,017,874	54,017,874	
TOTAL LIABILITIES & EQUITY.....	56,555,217	59,609,738	60,587,087	61,630,109	61,630,109	61,630,109	

* Adjustments from May 31 to June 9 are not available

CASE NAME: Prevalence Health LLC
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month
	6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	10/1/09 - 10/31/09
NET REVENUE.....	1,234,205	1,136,933	1,051,684	886,153	49,570
<u>COST OF GOODS SOLD:</u>					
Material.....	1,028,341	948,373	880,562	816,815	31,379
Labor-Direct.....					
Manufacturing Overhead.....					
TOTAL COST OF GOODS SOLD.....	1,028,341	948,373	880,562	816,815	31,379
GROSS PROFIT.....	205,864	188,560	171,122	69,338	18,191
<u>OPERATING EXPENSES:</u>					
Selling and Marketing.....					
General and Administrative (rents, utilities, salaries, etc.).....	328,598	291,324	211,439	205,451	46,513
Other.....					
TOTAL OPERATING EXPENSES.....					
INTEREST EXPENSE.....		1,491	1,488	615	287
INCOME BEFORE DEPRECIATION OR TAXES.....	122,734	104,255	41,805	136,728	28,609
DEPRECIATION OR AMORTIZATION.....	8765	8412	8240	7955	0
Gain on sale of assets	0			400,650	27945
<u>EXTRAORDINARY EXPENSES</u>	0				
INCOME TAX EXPENSE (BENEFIT).....					
NET INCOME (LOSS).....	131,499	112,667	150,045	255,967	16647

*Requires explanation in NARRATIVE (Form 2-F)

* Adjustments from May 31 to June 30 are not available
 (b) Effective 9/30/09, Company sold the majority of its assets Amount represents gain on the sale of those assets

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period Oct 1 to Oct 31, 2009

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 417,638
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 691,613
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$(497,770)
4. Net Cash Flow \$ 193,843
5. Ending Cash Balance (to FORM 2-B) \$ 611,481

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. Trust Account <u>DRP Account</u>	\$ <u>80.01</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>611,401</u>	<u>Regions</u>
4. Payroll Account	\$	
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings)	\$	
7. Cash Collateral Account	\$	
8. Petty Cash	\$	

TOTAL (must agree with line 5 above) \$ 611,481

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less inter-account transfers & UST fees paid \$ 488,95*

497,770
< 8,775 > UST Fees
488,995

* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTH ENDED Oct 2009

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u> *	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> *	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>488,995</u>			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

* Actually paid
\$6,500

* Actually paid
\$4,175 to make
up for
over payment in
2nd Qtr.

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Oct 1 to Oct 31, 2009

Account Name: Prevalence Health Account Number: 8001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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Total Cash Receipts \$ 691,613

Prevalence Health LLC
Cash Deposits

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
101112009	Insurance / Medicaid / Medicare	\$23.07
101112009	Patient Co-Pay	\$35.77
101112009	Patient Co-Pay	\$170.46
101112009	Insurance / Medicaid / Medicare	\$2,598.71
101112009	Insurance / Medicaid / Medicare	\$4,410.79
101112009	Insurance / Medicaid / Medicare	\$5,170.12
101112009	Insurance / Medicaid / Medicare	\$12,915.51
101212009	Patient Co-Pay	\$153.28
101212009	Insurance / Medicaid / Medicare	\$419.72
101212009	Insurance / Medicaid / Medicare	\$12,300.11
101512009	Patient Co-Pay	\$0.50
101512009	Insurance / Medicaid / Medicare	\$217.25
101512009	Patient Co-Pay	\$578.52
101512009	Insurance / Medicaid / Medicare	\$1,043.12
101612009	Patient Co-Pay	\$32.95
101612009	Patient Co-Pay	\$1,759.35
101612009	Insurance / Medicaid / Medicare	\$5,336.99
101612009	Insurance / Medicaid / Medicare	\$57,847.39
101712009	Insurance / Medicaid / Medicare	\$2.66
101712009	Patient Co-Pay	\$76.90
101712009	Insurance / Medicaid / Medicare	\$44,168.09
101812009	Patient Co-Pay	\$2.40
101812009	Insurance / Medicaid / Medicare	\$268.25
101812009	Insurance / Medicaid / Medicare	\$346.07
101812009	Patient Co-Pay	\$629.20
101812009	Insurance / Medicaid / Medicare	\$1,841.30
101912009	Patient Co-Pay	\$20.00
101912009	Patient Co-Pay	\$397.48
101912009	Insurance / Medicaid / Medicare	\$2,710.78
1011312009	Patient Co-Pay	\$106.71
1011312009	Insurance / Medicaid / Medicare	\$366.05
1011312009	Patient Co-Pay	\$603.07
1011312009	Insurance / Medicaid / Medicare	\$18,464.71
1011312009	Insurance / Medicaid / Medicare	\$30,429.03
1011312009	Insurance / Medicaid / Medicare	\$67,647.83
1011412009	Patient Co-Pay	\$25.20
1011412009	Patient Co-Pay	\$259.09
1011412009	Insurance / Medicaid / Medicare	\$5,722.52
1011412009	Insurance / Medicaid / Medicare	\$24,202.41
1011412009	Insurance / Medicaid / Medicare	\$74,462.32
1011512009	Insurance / Medicaid / Medicare	\$3.00
1011512009	Insurance / Medicaid / Medicare	\$20.90
1011512009	Insurance / Medicaid / Medicare	\$39.25
1011512009	Insurance / Medicaid / Medicare	\$3,377.57
1011512009	Insurance / Medicaid / Medicare	\$17,598.43
1011512009	Insurance / Medicaid / Medicare	\$28,115.31
1011612009	Patient Co-Pay	\$73.97
1011912009	Insurance / Medicaid / Medicare	\$73.47
1011912009	Patient Co-Pay	\$91.20
1011912009	Patient Co-Pay	\$137.71
1011912009	Insurance / Medicaid / Medicare	\$495.41
1012012009	Insurance / Medicaid / Medicare	\$3.00
1012012009	Patient Co-Pay	\$108.70
1012012009	Insurance / Medicaid / Medicare	\$14,872.76
1012012009	Insurance / Medicaid / Medicare	\$56,614.36
1012012009	Insurance / Medicaid / Medicare	\$2,449.31
1012012009	Insurance / Medicaid / Medicare	\$9,448.64
1012012009	Insurance / Medicaid / Medicare	\$11,587.15

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
1012212009	Insurance / Medicaid / Medicare	\$0.75
1012212009	Patient Co-Pay	\$40.00
1012212009	Insurance / Medicaid / Medicare	\$1,691.44
1012312009	Insurance / Medicaid / Medicare	\$21,434.78
1012612009	Patient Co-Pay	\$190.80
1012612009	Insurance / Medicaid / Medicare	\$14,522.14
1012612009	Insurance / Medicaid / Medicare	\$14,943.76
1012612009	Insurance / Medicaid / Medicare	\$19,135.31
1012712009	Insurance / Medicaid / Medicare	\$6.91
1012712009	Patient Co-Pay	\$127.10
1012712009	Insurance / Medicaid / Medicare	\$457.15
1012712009	Insurance / Medicaid / Medicare	\$2,253.45
1012712009	Insurance / Medicaid / Medicare	\$29,999.57
1012712009	Insurance / Medicaid / Medicare	\$31,283.03
1012812009	Patient Co-Pay	\$24.00
1012812009	Patient Co-Pay	\$107.30
1012912009	Insurance / Medicaid / Medicare	\$111.57
1012912009	SafeMeds Reimbursement	\$1,200.00
1012912009	Insurance / Medicaid / Medicare	\$10,774.01
1012912009	Insurance / Medicaid / Medicare	\$13,457.26
1013012009	Patient Co-Pay	\$41.23
1013012009	Insurance / Medicaid / Medicare	\$6,935.51
		<u>\$691,612.89</u>

CASE NAME: Prenalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Oct 1 to Oct 31, 2009

Account Name: Prenalence Health Account Number: 9001277993

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
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Total Cash Disbursements \$ 497,770

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Prevalence Health LLC

October 2009 Cash Disbursements

Date	Num	Name	Amount
10/1/2009	Wire 10_1_2009 2	Amerisource	Drug Purchases (Reimb by SafeMeds) (\$53,686.07)
10/1/2009	Wire 10_1_2009 3	Amerisource	Drug Purchases (Reimb by SafeMeds) (\$1,084.17)
10/1/2009	Wire 10_1_09	Blue Cross Blue Shield Of MS	Employee Insurace (Reimb by SafeMeds) (\$5,812.45)
10/1/2009	Wire 10_1_09 1	Pitney Bowes-INTERNALUSE ONLY	Product Delivery (\$200.00)
10/1/2009	61372 by phone	Quill	Office Supplies (\$422.19)
10/2/2009	Wire 10-2-2009 2	Amerisource	Drug Purchases (Reimb by SafeMeds) (\$44,550.36)
10/2/2009	Wire 10_2_09 1	Regions Bank	Bank Fees (\$55.00)
10/6/2009	61373	Kerioth	Office Lease (Reimb by SafeMeds) (\$8,000.00)
10/6/2009	61374	Machost Road LLC	Office Lease (Reimb by SafeMeds) (\$7,737.50)
10/6/2009	61375	UPS	Product Delivery (\$6,731.63)
10/6/2009	61386	Westport Business Park Associates LLP	Office Lease (Reimb by SafeMeds) (\$11,103.57)
10/9/2009	61387	Blue Ox, LLC	Outsourced Accounting (\$1,156.25)
10/9/2009	61383	FedEx	Product Delivery (\$1,234.00)
10/9/2009	61384	Michael Anthony	Expense Reimbursement (\$509.55)
10/9/2009	61385	PFS of the South, Inc.	Business Insurance (\$7,094.15)
10/9/2009	Wire 10_9_09 1	Regions Bank	Bank Fees (\$25.20)
10/9/2009	Wire 10_9_09 2	Regions Bank	Bank Fees (\$655.20)
10/9/2009	61386	Shelia Gibbs	Expense Reimbursement (\$14.70)
10/13/2009	61389	UPS	Product Delivery (\$5,181.93)
10/14/2009	Wire 10 14 09	Pitney Bowes-INTERNALUSE ONLY	Product Delivery (\$200.00)
10/15/2009		Regions Bank	Bank Fees (\$100.00)
10/15/2009	Wire 10115109	SafeMeds Solutions	AR Collections Reimbursement (\$62,363.82)
10/16/2009	Wire 10-16-09	SafeMeds Solutions	AR Collections Reimbursement (\$32,528.23)
10/16/2009	61390	U.S. Trustee	US Trustee (\$8,775.00)
10/19/2009	61391	AT&T - Florida	Telecommunications (Reimb by SafeMeds) (\$185.62)
10/19/2009	61392	AT&T - W M S	Telecommunications (Reimb by SafeMeds) (\$666.96)
10/19/2009	61393	AT&T- ABN Acct.	Telecommunications (Reimb by SafeMeds) (\$1,094.43)
10/19/2009	Wire 10 19 09	AT&T- Long Distance Service	Telecommunications (Reimb by SafeMeds) (\$1,735.00)
10/19/2009	61395	City of Zachary	Utilities (\$11.73)
10/19/2009	61394	Gas Utility Dist. #1	Utilities (\$19.17)
10/19/2009	61396	Gerald Waguespack	Expense Reimbursement (\$19.95)
10/19/2009	61397	OmniSys, Inc.	Claims Processing (\$1,364.15)
10/26/2009	Wire 10 26 09	SafeMeds Solutions	AR Collections Reimbursement (\$65,185.51)
10/27/2009	61398	ACS Edi Gateway, Inc.	Claims Processing (\$210.00)
10/27/2009	61399	Demco	Utilities (\$473.00)
10/27/2009	61400	FedEx	Product Delivery (\$719.92)
10/27/2009	61401	Global Crossing Telecommunications	Telecommunications (\$490.61)
10/27/2009	61402	Kentwood Springs	Office Supplies (\$35.67)
10/27/2009	61403	PFS of the South, Inc.	Business Insurance (\$7,094.15)
10/27/2009	61404	Pitney Bowes Inc.	Product Delivery (\$257.81)
10/27/2009	61405	R.E.D. Electric	Utilities (\$97.00)
10/27/2009	61406	RelayHealth, Inc.	Claims Processing (\$971.20)
10/27/2009	Wire 10 27 09	SafeMeds Solutions	AR Collections Reimbursement (\$19,428.56)
10/27/2009	61407	Shred-it	Expense Reimbursement (\$50.00)
10/27/2009	61408	T-Mobile	Cell Phone (\$45.91)
10/27/2009	61409	Translucent Communications, Inc.	Repairs (\$69.55)
10/27/2009	61410	Will-cuttt Lawn Service	Landscaping (\$300.00)
10/28/2009	Wire 10 28 09 1	Pitney Bowes-INTERNALUSE ONLY	Product Delivery (\$1,000.00)
10/28/2009	Wire 10 28 09 2	Pitney Bowes-INTERNALUSE ONLY	Product Delivery (\$200.00)
10/28/2009	Wire 10 28 09	SafeMeds Solutions	AR Collections Reimbursement (\$20,724.92)
10/29/2009	Wire 10 29 09	SafeMeds Solutions	AR Collections Reimbursement (\$31,283.03)
10/30/2009	896	SafeMeds Solutions	Reimbursement for Collections (\$24,061.86)
10/30/2009	Wire 10 30 09	American Express	Misc Expenses (Reimb by SafeMeds) (\$2,295.32)
10/31/2009	897	Payroll	Payroll (\$2,683.90)
10/31/2009	898	Payroll	Payroll (\$55,773.84)
			(\$497,769.74)

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

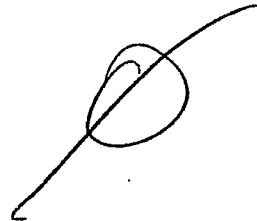
For Period Oct 1 to Oct 31, 2009

Account Name: Prevalence Health Account Number: 0101894579
DIP

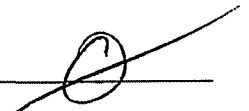
CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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Total Cash Receipts

\$ 

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Oct 1 to Oct 31, 2009


Account Name: Prevalence Health Account Number: 0101894579
DIP

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------



Total Cash Disbursements

\$ 

"Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-EP

SUPPORTING SCHEDULES

For Period Oct to Oct 31, 2009

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

See Attached

Prevalence Health LLC

Post Petition Accounts Payable
October 31 2009

Vendor	Date	No.	Days O/S	Open Balance	Category
Banc Of America Leasing	10/21/2009	11226721	10.00	\$291.50	0-30
Westwood Square, P/S/P	10/20/2009		11.00	\$250.00	0-30
Machost Road LLC	10/20/2009		11.00	\$1,600.00	0-30
Hamilton Partners	10/20/2009		11.00	\$14,769.94	0-30
Florida Power & Light	10/19/2009	71203- 9/18-10/19/09	12.00	\$546.31	0-30
ATILT- ABN Acct.	10/19/2009	831-000-1341 011 9/19 to 10/18	12.00	\$565.98	0-30
AT&T- ABN Acct.	10/19/2009	171-791-8261 273 9/19 to 10/18	12.00	\$995.79	0-30
Florida Power & Light	10/19/2009	42201- 9/18-10/19/09	12.00	\$1,290.06	0-30
North Shore Gas	10/14/2009	9/14-10/14/09	17.00	\$287.75	0-30
Data Keepers LLC	10/13/2009	12340	18.00	\$70.00	0-30
FedEx	10/8/2009	9-356-92261	23.00	\$734.20	0-30
ComEd- Commonwealth Edison	10/6/2009	9/4-10/6/09	25.00	\$2,051.14	0-30
Avaya, Inc.	10/1/2009	2729282145	30.00	\$264.42	0-30
Aetna Maintenance, Inc.	10/1/2009	105711	30.00	\$500.32	0-30
				\$24,217.41	0-30 Total
Wells Fargo Financial Leasing	9/30/2009	6745237646	31.00	\$298.03	31-60
Cintas Corporation	9/30/2009	549803703	31.00	\$662.58	31-60
Iron Mountain Information Management d/b/a Live Vault	9/30/2009	30048830	31.00	\$1,938.79	31-60
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	32.00	\$134.50	31-60
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	32.00	\$1,313.09	31-60
Avaya, Inc.	9/26/2009	2729265177	35.00	\$761.48	31-60
Data Keepers LLC	9/23/2009	0012152	38.00	\$143.95	31-60
Westwood Square, P/S/P	9/20/2009		41.00	\$250.00	31-60
Banc Of America Leasing	9/20/2009		41.00	\$291.50	31-60
Hamilton Partners	9/20/2009		41.00	\$14,769.94	31-60
North Shore Gas	9/16/2009	8/12-9/14/09	45.00	\$70.44	31-60
Pitney Bowes Global Financial Services LLC	9/13/2009	6613278-JY09A	48.00	\$2,563.88	31-60
ComEd- Commonwealth Edison	9/4/2009	8/6-9/4/09	57.00	\$1,608.16	31-60
Quill	9/3/2009	9080458	58.00	\$72.79	31-60
Aetna Maintenance, Inc.	9/1/2009	92762	60.00	\$500.32	31-60
CT Corporation	9/1/2009	2004471657-00	60.00	\$1,620.00	31-60
				\$26,999.45	31-60 Total
Wells Fargo Financial Leasing	8/31/2009	6745198232	61.00	\$298.03	61-90
Quill	8/28/2009	8951299	64.00	\$110.85	61-90
Avaya, Inc.	8/26/2009	2729164647	66.00	\$761.48	61-90
Young Williams PA.	8/24/2009	49592 Post - 1	68.00	\$74.75	61-90
Banc Of America Leasing	8/21/2009	011138583	71.00	\$291.50	61-90
Westwood Square, P/S/P	8/20/2009		72.00	\$250.00	61-90
Hamilton Partners	8/20/2009		72.00	\$14,769.94	61-90
North Shore Gas	8/13/2009	7/14-8/12/09	79.00	\$140.69	61-90
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	86.00	\$1,135.03	61-90
				\$17,832.27	61-90 Total
Aetna Maintenance, Inc.	8/1/2009	82761	91.00	\$500.32	90-120
Wells Fargo Financial Leasing	7/31/2009	6745159529	92.00	\$298.03	90-120
North Shore Gas	7/30/2009	6/9-7/14/09	93.00	\$69.26	90-120
Avaya, Inc.	7/26/2009	2729047343	97.00	\$761.48	90-120
Banc Of America Leasing	7/21/2009	011093620	102.00	\$326.50	90-120
Westwood Square, P/S/P	7/20/2009		103.00	\$250.00	90-120
Hamilton Partners	7/20/2009		103.00	\$14,769.94	90-120
Toyota Financial Services	7/17/2009	4000250558	106.00	\$207.09	90-120
Hamilton Partners	7/17/2009	090717-10786	106.00	\$633.01	90-120
North Shore Gas	7/16/2009	6/12-7/14/09	107.00	\$69.30	90-120
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	109.00	\$45.00	90-120
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	115.00	\$479.16	90-120
Young Williams PA.	7/7/2009	49592 Pre	116.00	\$1,011.50	90-120

			\$19,420.59	90-120 Total
Anda	7/2/2009	780875	121.00	(\$30.00) 120+
Hamilton Partners	7/2/2009	090702-10786	121.00	\$2,080.33 120+
Anda	7/1/2009	774707	122.00	(\$48.43) 120+
Anda	7/1/2009	775310	122.00	(\$47.54) 120+
Wells Fargo Financial Leasing	6/30/2009	6745121525	123.00	\$298.03 120+
Avaya, Inc.	6/26/2009	2728939461	127.00	\$761.49 120+
Westwood Square, P/S/P	6/20/2009		133.00	\$250.00 120+
Hamilton Partners	6/20/2009		133.00	\$14,769.94 120+
North Shore Gas	6/15/2009	5/13-6/12/09	138.00	\$2,789.23 120+
			\$20,823.05	120+ Total
			\$109,292.77	Grand Total

Prevalence Health, LLC
Accrued Expenses - Month End Accruals
October 2009

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.43
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.30
2008 FL operating expenses - Rent	133.60
ABC Interest Post	1,277.96
LA Script Fee	934.00
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>19,119.29</u>
Balance per GL	<u>19,119.29</u>
Difference	<u> </u>

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Oct 1 to 31, 20 09

ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

11/15/2009

Prevalence Health, LLC
Accounts Receivable Summary
October 31 2009

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid) Patients (Co-Pay)	\$ 836 -	\$ 77,713 15,078	\$ 16,960 14,991	\$ 12,649 14,517	\$ 222,172 172,763	\$ 330,330 217,349
Total Accounts Rec	\$ 836	\$ 92,791	\$ 31,951	\$ 27,166	\$ 394,935	\$ 547,679
Estimated Reserve Insurance Patients	2 0.25% 25.0%	7,733 0.25% 50.0%	15,330 2.0% 100.0%	15,150 5.0% 100.0%	283,849 50.0% 100.0%	322,064
AR per ScriptMed Florida Medicaid Non-Pymnt Issue Deposits in NetSuite not Scriptmed Deposits in Scriptmed not NetSuite	\$ 547,679 \$ (34,664) \$ 1,518	Recorded in Net Suite				
Adjusted AR per ScriptMed	514,534					
AR per GL	514,534					
Difference						

Prepared by: _____
Reviewed by: _____

**Prevalence Health
AR Aging - 10/31/2009**

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.38			36.38		
Ameri Group- FL	279.52		17.23			262.29
American Prog Part D- FL	1,365.10		164.90			1,200.20
Community Care Part D- FL	2,112.59					2,112.59
Community Care Part D- LA	2,562.82					2,562.82
Coventry Part D- LA	232.92		120.19			112.73
Florida Medicaid	21,082.62		3,599.00	1,532.00	1,094.00	14,857.62
Florida Medicaid DME	49,053.10		10,933.65	5,686.68	579.11	31,853.66
Healthspring Part D- LA	1,975.86		1,254.75		85.61	635.50
Humana Part D- FL	3,945.52		117.10			3,828.42
Humana Part D- LA	580.02		6.79	184.01	127.54	261.68
Illinois Medicaid	34,680.41		24,698.74	266.48	1,028.03	8,687.16
Indiana Medicaid	938.88		213.40			725.48
Louisiana Medicaid	47,486.94	836.30	3,456.85	1,248.45	3,867.94	38,077.40
MS Blue Cross LA/MS	589.51		7.84	80.41	26.10	475.16
Medco Part D- FL	20.20					20.20
Medco Part D- LA	1,799.08		496.54			1,302.54
Member Health Part D- FL	1,843.20			102.94	7.19	1,733.07
Member Health Part D- LA	3,011.67		133.05	775.56	128.26	1,974.80
Marquette National Part D- FL	706.11					706.11
Marquette National Part D- LA	1,177.33		920.33		22.84	234.16
Mississippi Medicaid	16,934.91			996.40	185.68	15,752.83
Mississippi Med Supplies	66,610.16		3,768.84	3,951.64	3,760.19	55,129.49
NDC Part D- LA	31.62					31.62
Omnisys Medicare- IL	34,791.98		11,045.12	1,941.34	1,248.80	20,556.72
Pacificare Part D-FL	2,463.19			16.61		2,446.58
Pacificare Part D- LA	1,605.19				289.30	1,315.89
Pacificare Wrap Part D- LA	577.65					577.65
Amerigroup PCS- FL	1,938.77		631.90	26.95		1,279.92
POS Temp Payment Part D- LA	73.99					73.99
RX America Part D- LA	257.38					257.38
Silverscript Part D- LA	2,474.68		1,470.86		125.58	878.24
Tennessee Medicaid	1,546.87				27.55	1,519.32
United Healthcare- FL	155.99					155.99
Unicare Part D- FL	4,548.37				3.53	4,544.84
Unicare Part D- LA	151.29			114.50		36.79
Wellcare Healthease	3,928.91		1,803.44			2,125.47
Wellcare Part D- FL	13,501.01		10,133.07		41.89	3,326.05
Wellcare Part D- LA	3,259.82		2,719.19			540.63
Total	330,331.56	836.30	77,712.78	16,960.35	12,649.14	222,172.99

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Oct 1 to Oct 31, 2009

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	<u>(X)</u>			
General Liability	<u>Arch Specialty Ins.</u>	<u>3,000,000 Agg</u> <u>1,000,000 Occ</u>	<u>3/1/10</u>	<u>Yes</u>
Property (Fire, Theft)	<u>(X)</u>			
Vehicle	<u>(X)</u>			
Other (list):				
<u>Crime</u>	<u>Westchester Fire Ins</u>	<u>1,000,000</u>	<u>3/1/10</u>	<u>Yes</u>
<u>Directors & Officers</u>	<u>Darwin National Ins.</u>	<u>3,000,000</u>	<u>3/1/10</u>	<u>Yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

(X) Worker's Compensation, Property & Vehicle Insurance was cancelled as of the date of the sale of the assets due to Prevalence no longer having Employees or Property.

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016-ee

NARRATIVE STATEMENT

For Period October 1 to October 31, 2009

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

The Debtor closed the sale of its assets to SafeMeds Solutions, LLC on October 5, 2009, but effective as of October 1, 2009 as reflected in the Report of Sale [Dkt. #138] filed on October 8, 2009. After the closing date, the operations for the Debtor dealt primarily with employment issues (terminating employees in light of the sale of assets), securing extension of real property leases (as required by the Sale Order dealing with creditor issues related to the sale), bankruptcy administration and reporting requirements, collecting accounts and winding down the business of Debtor.

Prevalence Health, LLC
Reconciliation Summary - 1001 Regions
As of 10/31/2009

ID	Balance
Reconciled	
Cleared Deposits and Other Credits	691,612.89
Cleared Checks and Payments	(504,488.26)
Total - Reconciled	187,124.63
Last Reconciled Statement Balance - 913012009	437,371.48
Current Reconciled Balance	624,496.11
Reconcile Statement Balance - 1013112009	624,496.11
Difference	0.00
Unreconciled	
Uncleared	
Checks and Payments	(14,620.87)
Total - Uncleared	(14,620.87)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 1013112009	611,452.88

to 601,452.88
611,452.88
611,452.88

Prevalence Health, LLC
Reconciliation Detail - 1001 Regions
As of 1013112009

ID	Date	No.	Balance
Reconciled			
Cleared Deposits and Other Credits			
Deposit	10/1/2009		23.07
Deposit	10/1/2009		170.46
Deposit	10/1/2009		12,915.51
Deposit	10/1/2009		4,410.79
Deposit	10/1/2009		2,598.71
Deposit	10/1/2009		35.77
Deposit	10/1/2009		5,170.12
Deposit	10/2/2009		419.72
Deposit	10/2/2009		12,300.11
Deposit	10/2/2009		153.28
Deposit	10/5/2009		1,043.12
Deposit	10/5/2009		217.25
Deposit	10/5/2009		0.50
Deposit	10/5/2009		578.52
Deposit	10/6/2009		32.95
Deposit	10/6/2009		1,759.35
Deposit	10/6/2009		5,336.99
Deposit	10/6/2009		57,847.39
Deposit	10/7/2009		2.66
Deposit	10/7/2009		44,168.09
Deposit	10/7/2009		76.90
Deposit	10/8/2009		1,841.30
Deposit	10/8/2009		2.40
Deposit	10/8/2009		629.20
Deposit	10/8/2009		268.25
Deposit	10/8/2009		346.07
Deposit	10/9/2009		20.00
Deposit	10/9/2009		2,710.78
Deposit	10/9/2009		397.48
Deposit	10/13/2009		603.07
Deposit	10/13/2009		18,464.71
Deposit	10/13/2009		366.05
Deposit	10/13/2009		30,429.03
Deposit	10/13/2009		67,647.83
Deposit	10/13/2009		106.71
Deposit	10/14/2009		24,202.41
Deposit	10/14/2009		5,722.52
Deposit	10/14/2009		259.09
Deposit	10/14/2009		25.20
Deposit	10/14/2009		74,462.32
Deposit	10/15/2009		17,598.43
Deposit	10/15/2009		28,115.31
Deposit	10/15/2009		20.90
Deposit	10/15/2009		3,377.57
Deposit	10/15/2009		3.00
Deposit	10/15/2009		39.25
Deposit	10/16/2009		73.97
Deposit	10/19/2009		73.47
Deposit	10/19/2009		495.41
Deposit	10/19/2009		137.71
Deposit	10/19/2009		91.20

ID	Date	No.	Balance
Deposit	10/20/2009		108.70
Deposit	10/20/2009		80,099.46
Deposit	10/20/2009		14,872.76
Deposit	10/20/2009		3.00
Deposit	10/22/2009		40.00
Deposit	10/22/2009		0.75
Deposit	10/22/2009		1,691.44
Deposit	10/23/2009		21,434.78
Deposit	10/26/2009		14,943.76
Deposit	10/26/2009		190.80
Deposit	10/26/2009		14,522.14
Deposit	10/26/2009		19,135.31
Deposit	10/27/2009		127.10
Deposit	10/27/2009		457.15
Deposit	10/27/2009		6.91
Deposit	10/27/2009		29,999.57
Deposit	10/27/2009		2,253.45
Deposit	10/27/2009		31,283.03
Deposit	10/28/2009		24.00
Deposit	10/28/2009		107.30
Deposit	10/29/2009		111.57
Deposit	10/29/2009		1,200.00
Deposit	10/29/2009		13,457.26
Deposit	10/29/2009		10,774.01
Deposit	10/30/2009		6,935.51
Deposit	10/30/2009		41.23
Total - Cleared Deposits and Other Credits			691,612.89
Cleared Checks and Payments			
Bill Payment	9/21/2009	61335	(78.00)
Bill Payment	9/28/2009	61351	(1,815.25)
Bill Payment	9/28/2009	61352	(1,150.15)
Bill Payment	9/28/2009	61356	(563.00)
Bill Payment	9/28/2009	61353	(75.00)
Bill Payment	9/28/2009	61359	(206.72)
Bill Payment	9/28/2009	61363	(1,579.44)
Bill Payment	9/28/2009	61358	(1,788.75)
Bill Payment	9/28/2009	61360	(29.92)
Bill Payment	9/28/2009	61361	(50.02)
Bill Payment	9/28/2009	61364	(46.08)
Bill Payment	9/28/2009	61365	(7,832.86)
Bill Payment	9/28/2009	61355	(66.00)
Bill Payment	9/28/2009	61357	(1,312.62)
Bill Payment	9/28/2009	61354	(99.00)
Bill Payment	9/28/2009	61350	(876.54)
Bill Payment	9/29/2009	61369	(395.37)
Check	10/1/2009	Wire 10_1_09 1	(200.00)
Check	10/1/2009	Wire 10-1-2009 2	(53,686.07)
Check	10/1/2009	Wire 10 1 09	(5,812.45)
Check	10/1/2009	Wire 10-1-2009 3	(1,084.17)
Bill Payment	10/1/2009	61372 by phone	(422.19)
Check	10/2/2009	Wire 10_2_09 1	(55.00)
Check	10/2/2009	Wire 10-2-2009 2	(44,550.36)
Bill Payment	10/6/2009	61375	(6,731.63)
Bill Payment	10/6/2009	61374	(7,737.50)
Bill Payment	10/6/2009	61386	(11,103.57)
Bill Payment	10/6/2009	61373	(8,000.00)
Check	10/9/2009	Wire 10_9_09 2	(655.20)
Check	10/9/2009	Wire 10_9_09 1	(25.20)

ID	Date	No.	Balance
Bill Payment	101912009	61384	(509.55)
Bill Payment	10/9/2009	61387	(1,156.25)
Bill Payment	101912009	61383	(1,234.00)
Bill Payment	101912009	61385	(7,094.15)
Bill Payment	101912009	61386	(14.70)
Bill Payment	10/1312009	61389	(5,181.93)
Check	1011412009	Wire 10 14 09	(200.00)
Check	1011512009		(100.00)
Check	1011512009	Wire 10115109	(62,363.82)
Check	10/1612009	Wire 10_16-09	(32,528.23)
Bill Payment	1011612009	61390	(8,775.00)
Bill Payment	10/1912009	61392	(666.96)
Bill Payment	10/1912009	61395	(11.73)
Bill Payment	1011912009	Wire 10 19 09	(1,735.00)
Bill Payment	1011912009	61394	(19.17)
Bill Payment	10119/2009	61397	(1,364.15)
Bill Payment	10/1912009	61391	(185.62)
Check	1012612009	Wire 10 26 09	(65,185.51)
Check	1012712009	Wire 10 27 09	(19,428.56)
Bill Payment	10/27/2009	61398	(210.00)
Bill Payment	10/27/2009	61399	(473.00)
Check	1012812009	Wire 102809 1	(1,000.00)
Check	1012812009	Wire 10 28 09	(20,724.92)
Check	1012812009	Wire 1028092	(200.00)
Check	10/29/2009	Wire 10 29 09	(31,283.03)
Journal	1013012009	896	(24,061.86)
Bill Payment	1013012009	Wire 10 30 09	(2,295.32)
Journal	1013112009	898	(55,773.84)
Journal	10131/2009	897	(2,683.90)
Total - Cleared Checks and Payments			(504,488.26)
Total - Reconciled			187,124.63
Last Reconciled Statement Balance - 913012009			437,371.48
Current Reconciled Balance			624,496.11
Reconcile Statement Balance - 1013112009			624,496.11
Difference			0.00
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	10/19/2009	61393	(1,094.43)
Bill Payment	10/19/2009	61396	(19.95)
Bill Payment	10/27/2009	61404	(257.81)
Bill Payment	10/27/2009	61401	(490.61)
Bill Payment	10/27/2009	61407	(50.00)
Bill Payment	10/27/2009	61410	(300.00)
Bill Payment	10/27/2009	61408	(45.91)
Bill Payment	10/27/2009	61400	(719.92)
Bill Payment	10/27/2009	61402	(35.67)
Bill Payment	10/27/2009	61409	(69.55)
Bill Payment	10/27/2009	61405	(97.00)

ID	Date	No.	Balance
Bill Payment	10/27/2009	61403	(7,094.15)
Bill Payment	10/27/2009	61406	(971.20)
Total - Checks and Payments			(14,620.87)
Total - Uncleared			(14,620.87)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 10/31/2009			611,452.88

**REGIONS****Regions Bank**

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00101406 02 AT 0.482 002
PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
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COMMERCIAL ANALYZED CHECKING

October 1, 2009 through October 30, 2009

SUMMARY

Beginning Balance	\$437,371.48		Minimum Balance	\$352,843
Deposits & Credits	\$691,612.89	+		
Withdrawals	\$402,901.70	-		
Fees	\$655.20	-		
Automatic Transfers	\$0.00	+		
Checks	\$100,931.36	-		
Ending Balance	\$624,496.11			

DEPOSITS & CREDITS

10/01	Deposit - Thank You	4,410.79
10/01	Deposit - Thank You	170.46
10/01	Regions Bank Acct Trans MS364174656 Ccooley	12,915.51
10/01	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090926	5,170.12
10/01	State of Florida Medicald Prevalence Hea 022400601	2,598.71
10/01	Merchant Service Merch Dep Health Allianc 8003547554	35.77
10/01	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698090926	23.07
10/02	Deposit - Thank You	12,300.11
10/02	Deposit - Thank You	153.28
10/02	State of Ill Commercial 0006Prevalence Ah4688194001763	419.72
10/05	Deposit - Thank You	1,043.12
10/05	Deposit - Thank You	578.52
10/05	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	217.25
10/05	Merchant Service Merch Dep Health Allianc 8003547554	0.50
10/06	Deposit - Thank You	57,847.39
10/06	Deposit - Thank You	1,759.35
10/06	State of Ill Commercial 0006Prevalence Ah4778347003095	5,336.99
10/06	Merchant Service Merch Dep Health Allianc 8003547554	32.95
10/07	Unlsys Corp Payment-LA Prevalence Hea 00234061068474	44,168.09
10/07	Merchant Service Merch Dep Health Allianc 8003547554	76.90
10/07	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	2.66
10/08	Deposit - Thank You	629.20
10/08	Deposit - Thank You	346.07
10/08	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949091003	1,841.30
10/08	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698091003	268.25
10/08	Merchant Service Merch Dep Health Allianc 8003547554	2.40
10/09	Deposit - Thank You	2,710.78
10/09	Deposit - Thank You	397.48
10/09	Merchant Service Merch Dep Health Allianc 8003547554	20.00
10/13	Deposit - Thank You	18,464.71
10/13	Deposit - Thank You	603.07
10/13	Regions Bank Acct Trans MS364174656 Ccooley	67,647.83
10/13	Unlsys Corp Payment-LA Prevalence Hea 00234061069482	30,429.03
10/13	State of Ill Commercial 0006Prevalence Ah4841405001734	366.05

**REGIONS**

Regions Bank

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Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648

ACCOUNT # 9001277993

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DEPOSITS & CREDITS (CONTINUED)

10/13	Merchant Service Merch Dep Health Allianc 8003547554	106.71
10/14	Deposit - Thank You	74,462.32
10/14	Deposit - Thank You	259.09
10/14	Memberhealth CIn Payment Tedsmeds.Recei 2172922	24,202.41
10/14	Memberhealth CIn Payment Tedsmeds.Recei 2170992	5,722.52
10/14	Merchant Service Merch Dep Health Allianc 8003547554	25.20
10/15	Deposit - Thank You	20.90
10/15	Regions Bank Acct Trans MS364174656 Ccooley	28,115.31
10/15	State of III Commercial 0006Prevalence Ah4878103002265	17,598.43
10/15	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949091010	3,377.57
10/15	State of Florida Medicaid Prevalence Hea 022400601	39.25
10/15	State of III Commercial 0006Prevalence Ah4878103002266	3.00
10/16	Deposit - Thank You	73.97
10/19	Deposit - Thank You	495.41
10/19	Deposit - Thank You	137.71
10/19	Merchant Service Merch Dep Health Allianc 8003547554	91.20
10/19	State of III Commercial 0006Prevalence Ah4921132001838	73.47
10/20	Deposit - Thank You	80,099.46
10/20	Deposit - Thank You	108.70
10/20	State of III Commercial 0006Prevalence Ah4960240008872	14,872.76
10/20	State of III Commercial 0006Prevalence Ah4960240008873	3.00
10/22	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949091017	1,691.44
10/22	Merchant Service Merch Dep Health Allianc 8003547554	40.00
10/22	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698091017	0.75
10/23	Deposit - Thank You	21,434.78
10/26	Deposit - Thank You	14,522.14
10/26	Deposit - Thank You	190.80
10/26	Regions Bank Acct Trans MS364174656 Ccooley	19,135.31
10/26	State of III Commercial 0006Prevalence Ah5006718001739	14,943.76
10/27	Deposit - Thank You	29,999.57
10/27	Deposit - Thank You	127.10
10/27	Memberhealth CIn Payment Tedsmeds.Recei 2181926	31,283.03
10/27	Memberhealth CIn Payment Tedsmeds.Recei 2179996	2,253.45
10/27	State of III Commercial 0006Prevalence Ah5027383003353	457.15
10/27	State of III Commercial 0006Prevalence Ah5027383003354	6.91
10/28	Deposit - Thank You	107.30
10/28	Deposit - Thank You	24.00
10/29	Deposit - Thank You	13,457.26
10/29	Regions Bank Acct Trans MS364174656 Ccooley	10,774.01
10/29	Regions Bank Acct Trans MS364174656 Ccooley	1,200.00
10/29	Acs MS Title Xix Sysgen-EFT PrevalenceHea 00330698091024	111.57
10/30	Deposit - Thank You	6,935.51
10/30	Deposit - Thank You	41.23

Total Deposits & Credits \$691,612.89

**REGIONS****Regions Bank**

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Jackson 210 E Capitol S'T Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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WITHDRAWALS

10/01	Wire Transfer American Recle	53,686.07
10/01	Wire Transfer American Recle	1,084.17
10/01	Blue Cross of MS Insur Prem Prevalence Hol 0041599	5,812.45
10/01	Pitney Bowes Postage Prevalence Hea 42906255	200.00
10/02	Wire Transfer American Recle	44,550.36
10/02	Staples Quill CO Echeck Cooley 1156547172	422.19
10/02	Merchant Service Merch Fee Health Allianc 8003547554	55.00
10/08	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207	20,823.22
10/09	Rtrn Depstd ltm # of ltm(S) 0001	25.20
10/09	Pay Systems of A Tax Col Health Allianc	15,136.79
10/14	Pitney Bowes Postage Prevalence Hea 42906255	200.00
10/15	Wire Transfer Safemeds Solut	62,363.82
10/15	Bank Debit	100.00
10/16	Regions Bank Acct Trans MS364174656 Ccooley	32,528.23
10/19	Bellsouth Telecom prevalence H 4190930	1,735.00
10/26	Regions Bank Acct Trans MS364174656 Ccooley	65,185.51
10/27	Regions Bank Acct Trans MS364174656 Ccooley	19,428.56
10/28	Regions Bank Acct Trans MS364174656 Ccooley	20,724.92
10/28	Pitney Bowes Postedge Bonnie Savoie 37968013	1,000.00
10/28	Pitney Bowes Postage Prevalence Hea 42906255	200.00
10/29	Regions Bank Acct Trans MS364174656 Ccooley	31,283.03
10/30	Regions Bank Acct Trans MS364174656 Ccooley	24,061.86
10/30	American Express Elec Remit Stacey L Holt 091029061910462	2,295.32
Total Withdrawals		\$402,901.70

FEES

10109	Analysis Charge	09-09	655.20
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CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
10101	61335	78.00	10105	61361	50.02
10105	61350 *	876.54	10105	61363 *	1,579.44
10105	61351	1,815.25	10102	61364	46.08
10/05	61352	1,150.15	10101	61365	7,832.86
10107	61353	75.00	10105	61369 *	395.37
10/05	61354	99.00	10113	61373 *	8,000.00
10/05	61355	66.00	10109	61374	7,737.50
10101	61356	563.00	10108	61375	6,731.63
10/05	61357	1,312.62	10113	61376	195.47
10/06	61358	1,788.75	10106	61377	1,132.09
10105	61359	206.72	10113	61378	1,251.71
10106	61360	29.92	10109	61379	1,505.74



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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CHECKS (CONTINUED)

<u>Date</u>	<u>Check No.</u>	<u>Amount</u>	<u>Date</u>	<u>Check No.</u>	<u>Amount</u>
10115	61380	1,800.56	10126	61392	666.96
10107	61381	1,018.41	10126	61394 •	19.17
10114	61382	3,923.29	10127	61395	11.73
10116	61383	1,234.00	10123	61397 •	1,364.15
10113	61384	509.55	10130	61398	210.00
10114	61385	7,094.15	10129	61399	473.00
10108	61386	11,103.57	10/05	910508 •	2,683.90
10113	61387	14.70	10119	910513 •	2,683.90
10114	61388	1,156.25	10/13	910514	4,048.38
10115	61389	5,181.93	10113	910515	786.45
10120	61390	8,775.00	10109	910516	839.53
10126	61391	185.62	10113	910517	628.30

Total Checks \$100,931.36

• Break In Check Number Sequence.

DAILY BALANCE SUMMARY

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
10/01	393,439.36	10/13	501,863.32	10123	644,671.69
10/02	361,238.84	10/14	594,161.17	10126	627,406.44
10/05	352,843.22	10/15	573,869.32	10127	672,093.36
10/06	414,869.14	10/16	540,181.06	10128	650,299.74
10/07	458,023.38	10/19	536,559.95	10129	644,086.55
10/08	422,452.18	10/20	622,868.87	10130	624,496.11
10/09	399,680.48	10/22	624,601.06		

**You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.**

**For all your banking needs, please call 1-800-REGIONS.
or visit us on the Internet at www.regions.com.**

Thank You For Banking With Regions!



Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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Check# 61335 10/01/2009 \$78.00

Check# 61350 10/05/2009 \$876.54

Check# 61351 10/05/2009 \$1815.25

Check# 61352 10/05/2009 \$1150.15

Check# 61353 10/07/2009 \$75.00

Check# 61354 10/05/2009 \$99.00

Check# 61355 10/05/2009 \$66.00

Check# 61356 10/01/2009 \$563.00

Check# 61357 10/05/2009 \$1312.62

Check# 61358 10/06/2009 \$1788.75

Check# 61359 10/05/2009 \$206.72

Check# 61360 10/06/2009 \$29.92

Check# 61361 10/05/2009 \$50.02

Check# 61362 10/05/2009 \$395.37

Check# 61364 10/02/2009 \$46.08

Check# 61365 10/01/2009 \$7832.86

Check# 61369 10/05/2009 \$8000.00

Check# 61373 10/13/2009 \$8000.00



Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648

ACCOUNT # 9001277993

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61374

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Shelia G. Holt \$ 7737.50

On hand cash for the

4/13/10

#061374# 4065305902# 9001277993# /0000773750/

Check# 61374 10/09/2009 \$7737.50

61375

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Ashlee Mackin \$ 6731.63

On hand cash for the

10/6/09

#061375# 4065305902# 9001277993# /0000673163/

Check# 61375 10/08/2009 \$6731.63

61376

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Amelia Adams \$ 195.47

On hand cash for the

10/13/2009

#061376# 4065305902# 9001277993# /000019547/

Check# 61376 10/13/2009 \$195.47

61377

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Shelia G. Holt \$ 1132.09

On hand cash for the

4/13/10

#061377# 4065305902# 9001277993# /0000113209/

Check# 61377 10/06/2009 \$1132.09

61378

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Ashlee Mackin \$ 1251.71

On hand cash for the

10/13/2009

#061378# 4065305902# 9001277993# /0000125171/

Check# 61378 10/13/2009 \$1251.71

61379

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Amelia Adams \$ 1505.74

On hand cash for the

10/09/2009

#061379# 4065305902# 9001277993# /0000150574/

Check# 61379 10/09/2009 \$1505.74

61380

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Donelle Adams \$ 1800.56

On hand cash for the

10/15/2009

#061380# 4065305902# 9001277993# /0000180056/

Check# 61380 10/15/2009 \$1800.56

61381

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Sandra Taylor \$ 1018.41

On hand cash for the

10/07/2009

#061381# 4065305902# 9001277993# /0000101841/

Check# 61381 10/07/2009 \$1018.41

61382

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Amelia Adams \$ 3923.29

On hand cash for the

10/14/2009

#061382# 4065305902# 9001277993# /0000392329/

Check# 61382 10/14/2009 \$3923.29

61383

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Shelia G. Holt \$ 1234.00

On hand cash for the

10/16/2009

#061383# 4065305902# 9001277993# /0000123400/

Check# 61383 10/16/2009 \$1234.00

61384

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Ashlee Mackin \$ 509.55

On hand cash for the

10/13/2009

#061384# 4065305902# 9001277993# /0000050955/

Check# 61384 10/13/2009 \$509.55

61385

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Amelia Adams \$ 7094.15

On hand cash for the

10/14/2009

#061385# 4065305902# 9001277993# /0000709415/

Check# 61385 10/14/2009 \$7094.15

61386

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Shelia G. Holt \$ 11103.57

On hand cash for the

10/08/2009

#061386# 4065305902# 9001277993# /00001110357/

Check# 61386 10/08/2009 \$11103.57

61387

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Ashlee Mackin \$ 14.70

On hand cash for the

10/13/2009

#061387# 4065305902# 9001277993# /0000001470/

Check# 61387 10/13/2009 \$14.70

61388

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Amelia Adams \$ 1156.25

On hand cash for the

10/14/2009

#061388# 4065305902# 9001277993# /0000115625/

Check# 61388 10/14/2009 \$1156.25

61389

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Shelia G. Holt \$ 5181.93

On hand cash for the

10/15/2009

#061389# 4065305902# 9001277993# /0000518193/

Check# 61389 10/15/2009 \$5181.93

61390

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Ashlee Mackin \$ 8775.00

On hand cash for the

10/20/2009

#061390# 4065305902# 9001277993# /0000877500/

Check# 61390 10/20/2009 \$8775.00

61391

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648
(601) 977-9933

PAY TO THE ORDER OF Amelia Adams \$ 185.62

On hand cash for the

10/26/2009

#061391# 4065305902# 9001277993# /0000018562/

Check# 61391 10/26/2009 \$185.62



Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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Check# 61392 10/26/2009 \$666.96

Check# 61394 10/26/2009 \$19.17

Check# 61395 10/27/2009 \$11.73

Check# 61397 10/23/2009 \$1364.15

Check# 61398 10/30/2009 \$210.00

Check# 61399 10/29/2009 \$473.00

Check# 910508 10/05/2009 \$2683.90

Check# 910513 10/19/2009 \$2683.90

Check# 910514 10/13/2009 \$4048.38

Check# 910515 10/13/2009 \$786.45

Check# 910516 10/09/2009 \$839.53

Check# 910517 10/13/2009 \$628.30

Check# 0 10/15/2009 \$100.00

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Enter in Line 4 at left	\$

ADJ - Adjustment RI - Return Item CR - Credit SC - Service Charge OD - Overdrawn
EB - Electronic Banking NSF - Nonsufficient Funds APY - Annual Percentage Yield FWT - Federal Withholding Tax 'Break in Number Sequence



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00038197 01 AV 0.335001
PREVALENCE HEALTH LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE NO# 09-02016-EE
4270 1 55 N STE 102
JACKSON MS 39211-6394



ACCOUNT # 0101894579

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COMMERCIAL ANALYZED CHECKING
October 1, 2009 through October 30, 2009

SUMMARY			
Beginning Balance	\$58.94	Minimum Balance	\$38
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$20.01 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$38.93		

+ 41.00 if
80 to turn 2/D

FEES

10109 Analysis Charge 09-09 20.01

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
10/09	38.93				

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